

## State Employees Charitable Campaign Pledge Card

Name	Employee Identification Number	Home Zip Code
State Agency	Email	

### **PAYROLL DEDUCTION CONTRIBUTION:**

I choose payroll deduction (26 pay periods) of the following amount per pay period.

- ☐ \$ 25.00      ☐ \$ 20.00      ☐ \$ 15.00      ☐ \$ \_\_\_\_\_ - other payroll deduction amount      ☐ \$38.47 – Leadership Giver  
☐ \$10.00      ☐ \$5.00      ☐ \$2.00      ☐ \$ \_\_\_\_\_ - Super Giver (equals one hour of pay per pay period)

### **CASH or CHECK CONTRIBUTION:**

I choose to make my onetime gift by: ☐ Check \$ \_\_\_\_\_ (amount) Check # \_\_\_\_\_  
☐ Cash \$ \_\_\_\_\_ (amount)

\*Any gift under \$1 per pay period must be given as a onetime cash or check donation

### **CREDIT CARD CONTRIBUTION:**

I choose to make my onetime gift by: ☐ Visa    ☐ MasterCard    ☐ Discover    ☐ Amex (\$25 minimum transaction required)

\$ \_\_\_\_\_ (amount) Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Authorizing Credit Card Charge

### **Charity Selection (Maximum selection 10 charity selections)**

Direct my contribution to: See SECC website <https://secc.az.gov/participating-charities>

SECC Code \_\_\_\_\_ Charity \_\_\_\_\_ Total annual amount \_\_\_\_\_

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☐ Undesignated \*\*SECC highly encourages a charity designation, if undesignated SECC Executive Committee will select the 1-2 beneficiaries at campaigns end

☐ I am interested in being contacted to learn more about volunteer opportunities at my selected charity/charities.

By signing this form, I attest that the above payroll cash, check, or credit card donation was made by me for the stated charities.

Signature of Donor \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

No goods and/or services were provided in connection with this donation.

State Employees  
Charitable Campaign

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